

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |   |                          |          |   |   |    |   |   |   |   |
|---|-----------------------------------|---|--------------------------|----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>2/15/05</u>                     |                                   | 2 Serial/Patent # <u>09/955,816</u>   |                          |          |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER  | 5 DATE FILED             | 6 AMOUNT |   |   |    |   |   |   |   |
|   | Filing                            |   |                          | \$       |   |   |    |   |   |   |   |
|   | Amendment                         |   |                          | \$       |   |   |    |   |   |   |   |
|   | Extension of Time                 |   |                          | \$       |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |   |                          | \$       |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | Petition                          | —   | 1/31/05                  | \$ 750   |   |   |    |   |   |   |   |
|   | Issue                             |   |                          | \$       |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |   |                          | \$       |   |   |    |   |   |   |   |
|   | Maintenance                       |   |                          | \$       |   |   |    |   |   |   |   |
|   | Assignment                        |   |                          | \$       |   |   |    |   |   |   |   |
|   | Other                             |   |                          | \$       |   |   |    |   |   |   |   |
|   |                                   |   | 7 TOTAL AMOUNT OF REFUND | \$ 750   |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | 8 TO BE REFUNDED BY:  |                          |          |   |   |    |   |   |   |   |
|   | Overpayment                       | Treasury Check  |                          |          |   |   |    |   |   |   |   |
|   | Duplicate Payment                 | Credit Deposit A/C #:   |                          |          |   |   |    |   |   |   |   |
| <input checked="" type="checkbox"/>                   | No Fee Due (Explanation):         | 9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">7</td> <td style="width: 20px;">6</td> <td style="width: 20px;">6</td> </tr> </table> |                          |          | 5 | 0 | -- | 0 | 7 | 6 | 6 |
| 5   | 0                                 | --  | 0                        | 7        | 6 | 6 |    |   |   |   |   |
| <u>Notice of Abandonment withdrawn</u>                |                                   |   |                          |          |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY: <u>C. Donnell</u>             |                                   |   |                          |          |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>C. Donnell</u>                 |                                   |   | TITLE: <u>Pet Atty</u>   |          |   |   |    |   |   |   |   |
| SIGNATURE: <u>C Donnell</u>                           |                                   |   | PHONE: <u>272-3211</u>   |          |   |   |    |   |   |   |   |
| OFFICE: <u>4700</u>                                   |                                   |   |                          |          |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |   |                          |          |   |   |    |   |   |   |   |
| APPROVED: <u><i>Alisa Kell</i></u>                    |                                   |   | DATE: <u>2/16/05</u>     |          |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**